



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Art Unit: 3625
KIGHT, et al.
Serial No.: 09/540,011 : Examiner: Y. Garg
Filed: March 31, 2000 :
For: BILL PAYMENT SYSTEM AND METHOD WITH A MASTER MERCHANT
DATABASE

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 24, 2005

Sir:

Transmitted herewith is a Reply Brief in the above-identified application.

[] No additional fee is required.
[X] Also attached: Request for Oral Hearing; Credit Card Payment Form

The fee (if applicable) has been calculated as shown below:

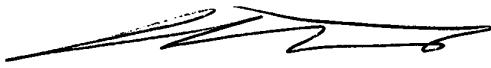
	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	6	20	0	x \$50 =	\$0
Independent Claims	3	3	0	x \$200 =	\$0
PTO Request for Oral Hearing Fee					\$1,000.00
TOTAL FEE DUE					\$1,000.00

[X] A Credit Card Payment form in the amount of \$1,000.00 is attached

[X] Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 01-2135, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully Submitted,

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AAS/slk
Enclosures